**Expert consensus recommendations for improving and standardising the assessment of patients with generalised myasthenia gravis**

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**Introduction**

- Generalised myasthenia gravis (gMG) is a rare and chronic, autoimmune disorder of the neuromuscular junction, which causes decremental and potentially life-threatening muscle weakness.
- Clinical investigations of gMG vary, and fluctuate over time, and symptom assessment is infrequent or inconsistent, making the evaluation of symptom state and disease burden difficult.
- Regular and consistent disease assessment can improve patient care; however, the use of assessment tools is practice task standardisation.
- A gMG expert panel convened to propose evidence- and expert-derived guidance on patient assessment.

**Methods**

- A European expert panel (comprising 21 experienced gMG neurologists from eight European countries [Belgium, Czechia, Denmark, France, Germany, Italy, Poland, Spain] and the UK) was formed.
- Four of the experts formed a Sub-committee to lead this consensus task, and a Facilitator contributed to the development of the recommendations.

A modified Delphi approach was selected to revise current evidence on assessment tools that can guide and develop expert derived consensus recommendations for good practice (Fig. 1).

**Fig. 1. Overview of the literature search and evidence-based statement development process**

No systematic literature search was conducted during the Delphi process. Technical literature search and evidence for each clinical question derive from the consensus recommendations.

**Introduction**

1. Consensus was reached during the Delphi process until no new evidence was included in the final recommendations.

**Key Takeaways**

- We strongly advised that the Delphi is used consistently across all clinical settings.
- This is consistent with the patient-reports that state that it be used in the context of a comprehensive gMG disease journey to give a good indication of gMG disease burden and can be followed by other assessments with further evaluation warranted.

**The Delphi or similar assessment should follow the assessment of muscle weakness and state and disease burden (status or disease burden) and can be followed by other assessments with further evaluation warranted.**

- Fluctuations in MG-ADL scores can swiftly highlight the need for a QoL- or QoP-assessment.

**Conclusions**

The Delphi committee was able to reach a consensus on all 18 statements with the exception of one statement that required informal discussions and a new recommendation on how to decide upon re-treatment or treatment discontinuation based on consensus recommendations, which can be followed by other assessments with further evaluation warranted.